

THE DISTRIBUTION OF LEAD COLLOIDS.

SIR,—We now consider it wise to remove all the existing restrictions in regard to the distribution of "choriotrope"—that is, of preparations of lead, which have been under our control, for use in the treatment of cancer. So many variations are now being made on the Continent and in this country—some of which appear to be useful—that we have no longer the power or the right to check the employment, in skilled hands, of lead in the treatment of malignant disease.

We hope and believe that the medical profession is now fully alive to the dangers that may be associated with the casual administration of this material, and that it will be used only by those who can carry out the treatment safeguarded by laboratory tests.

At the same time it will be recognized that any preparation that may be placed on the market, including material issued under the special name of "choriotrope" which we have allowed British Colloids Limited (Crookes' Laboratories) to register, will no longer be under our control.

In conclusion, I should like to express my appreciation of the courtesy and co-operation of British Colloids Limited during a difficult time; they have always been ready to sacrifice commercial gains in the interests of research and the public weal.—I am, etc.,

W. BLAIR BELL,

June 24th. Director, Liverpool Medical Research Organization.

✓ DRUGS FOR SLEEPLESSNESS.

SIR,—In his letter in the BRITISH MEDICAL JOURNAL of June 25th (p. 1163) Sir William Willcox seems more anxious to score points in debate than to arrive at truth. For example, he altogether ignores the serious fact that when he quoted the late Sir Frederick Mott's experiments he overlooked the question of dosage. The point was so emphasized, both by Sir Maurice Craig and Dr. Gillespie, that it must be dealt with, if we who are watching the debate are to take Sir William seriously. It is surely his duty now either to admit his error or to show that dosage is of no importance.

Again, when he says that he is astonished that Sir Maurice Craig considers sulphonal and trional more toxic than the barbitone group, and when he goes on to say that weight for weight this is not so, surely he must have known that the point of importance is that the toxic dose of sulphonal and trional is much nearer the therapeutic dose than it is as regards the barbitone group. Surely, also, it is obviously irrelevant to point out that there are more deaths from barbitone, unless we know also which is the more fashionable hypnotic.

I myself have often been a little uneasy when prescribing medinal for long periods. Sir William Willcox has done much to convince me that my fears were groundless.—I am, etc.,

Penshurst, Kent, June 27th.

T. A. ROSS.

SIR,—Sir William Willcox apparently accepts that the research work he quoted, in which large and poisonous doses were given to cats and monkeys, has no bearing on the effect of therapeutic doses of the barbitone group on man.

He once more refers to the fact that on an average ten persons a year destroy themselves by taking a poisonous dose of veronal, but I cannot regard this as affecting the value of the barbitone group in the treatment of sleeplessness.

Sir William Willcox says that he is astonished that I regard sulphonal as more toxic than the barbitone group, and quotes the dosage as officially given. I can only regret that he regards my intelligence as being of so low a standard. Of course, single doses of the barbitone group are infinitely more potent than the sulphonal group, and I can assure him that I recognize this by prescribing larger doses of sulphonal than I do of the former. But this was not the question raised by Sir William Willcox; it was the cumulative effect that he feared, and that he warned, and continues to warn, medical men against, and it was as touching his views on this point that I ventured to give my experience. It is the cumulative effect of

sulphonal that I regard as more toxic than that of the barbitone group, and I was under the impression that this was recognized by most persons who have had the experience of using both of these drugs in their medical practice.

I regret that it should be necessary for the third time to repeat that the opinion that I have expressed is based on observation extending over many years of a large number of normal persons who were suffering from defective sleep from one cause or another; therefore there is no discrepancy between our respective experiences so far as the class of patient is concerned. Sir William Willcox says that he is fully aware that persons suffering from active mental disease can often tolerate larger doses than normal persons. This is not my experience, neither can I understand why it should be the case, as the power of elimination is frequently reduced in these patients.—I am, etc.,

London, N.W.1, June 25th.

MAURICE CRAIG.

SIR,—An extensive experience of barbitone-compound medication in private practice has led me to the conclusion that in medinal and veronal we have two of the most useful hypnotics for routine use in cases of moderate mental excitement; nevertheless, I regard them as dangerous drugs, for I have seen many instances of mental disturbance from their habitual use, and am aware of cases of definite addiction. Also I have had patients whose lives have been lost through taking these preparations. Moreover, I have frequently observed that the administration of 10 grains of medinal for more than five or six nights in succession has produced mental confusion, giddiness, and muscular weakness. Similar symptoms, sometimes with diplopia in addition, will on occasion follow a restless night resulting from a dose of not more than 10 grains. Particularly have I noticed these effects when veronal or medinal have been given for the first time to patients over 65 years of age. My rule, therefore, is not to give a prescription for more than three cachets or tablets at a time, with instructions that after the first three or four doses the drug is to be taken on alternate nights only, and always under adequate medical supervision. Further, I now rarely prescribe medinal or veronal for patients over 65 years of age.

Sir William Willcox's warning (June 25th, p. 1163) is most timely. I thoroughly agree with him that the barbitone group of drugs are so dangerous that we should all exercise very great care and caution in prescribing them. I find that medinal and veronal are to-day being widely purchased by "nervous" patients, who are quite unaware of the risks they incur both to life and brain through their habitual use. Consequently, apart from any ethical considerations, my own view, based on clinical experience, is that the time has come when the prescription and sale of veronal, medinal, luminal, and the rest of the barbitone series should be much more closely controlled in the public interest.—I am, etc.,

London, W.1, June 27th.

E. L. HOPEWELL-ASH, M.D.

SIR,—While not possessing the large experience of either Sir Maurice Craig or Sir William Willcox, I am at one with Sir Maurice as to the very serious results of prolonged insomnia, and with Sir William as to the effects of veronal. So impressed am I with the insidiousness of the latter (most useful drug as it is) that I have long ceased to order it under that name, and then only for a very limited number of doses. It is, in my opinion, much more toxic than either sulphonal or trional, and what has, perhaps, struck me most has been the very rapid declension in moral and will-power experienced by its victims.—I am, etc.,

Bexley, Kent, June 25th.

R. LYNN HEARD.

NORMAL CHOLECYSTOGRAPHY.

SIR,—Dr. Francis Davies's article on normal cholecystography (June 25th, p. 1138) is both interesting and valuable. Its value as setting up normal standards would be further enhanced if, when published by the Medical Research Council, each of the hundred cases be set out in detail.